

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure						
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.						
Gashy Dowlatshahi	Title				App submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cranston	RI	02920	Phone Number		
Bonsai Buds LLC	Own. % Business Associated with					
Jason Calderon	Title				App submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	East Greenwich	RI	02818	Phone Number		
Bonsai Buds, LLC	Own. % Business Associated with					
Name	Title	SSN/FEIN	DOB	App submitted?		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	ZIP	Phone Number		
				()		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		
Name	Title	SSN/FEIN	DOB	App submitted?		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	ZIP	Phone Number		
				()		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		
Name	Title	SSN/FEIN	DOB	App submitted?		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	ZIP	Phone Number		
				()		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		
Name	Title	SSN/FEIN	DOB	App submitted?		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	ZIP	Phone Number		
				()		

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEI	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest



 Authorized Signatory

3-13-17
 Click here to enter a date.

 Date

Printed Name

Printed Name

Jason Calderon